MCDB Encounter Preprocessing
January 2007 - April 2008 Data

MCDB Encounter File Processing
January 2007 - April 2008 Data

P160: CIGNA Healthcare Mid-Atlantic Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report

Eligible Services: 3,972,638
Services Submitted: 3,972,638

Source File: P160_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

	Number of Recipients[1]			Number of Services			Total Payment		
Delivery System	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**
1: HMO (Non-Medicaid, Includes Medicare)	31,705	27,721	-12.6	658,321	575,807	-12.5	54,665,564	40,667,315	-25.6
2: PPO-POS	94,663	109,333	15.5	2,319,725	2,453,430	5.8	177,953,823	171,674,740	-3.5
3: PPO or Other Managed Care	26,273	32,948	25.4	594,548	632,729	6.4	48,808,355	43,085,487	-11.7
4: Indemnity Care	7,262	7,022	-3.3	298,312	268,492	-10.0	8,946,153	7,625,732	-14.8
5: HMO-POS Rider	2,527	1,570	-37.9	53,623	30,196	-43.7	4,490,446	2,200,133	-51.0
6: EPO		536			11,984			879,514	
9: Payer Code=9 (Unknown and Missing)									
Total	**162,430**	**179,130**	**10.3**	**3,924,529**	**3,972,638**	**1.2**	**294,864,341**	**266,132,921**	**-9.7**

	Number of Recipients[1]			Number of Services			Total Payment		
Plan[2]	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**
Non-HMO	117,876	138,309	17.3	2,722,417	2,865,952	5.3	215,457,503	203,818,346	-5.4
HMO Fee for Service	33,406	28,569	-14.5	660,641	557,078	-15.7	56,765,828	40,672,055	-28.4
HMO Capitated	5,211	9,415	80.7	58,183	76,236	31.0			
Medicare, All Types									
No Plan Assigned	11,033	12,189	10.5	483,288	473,372	-2.1	22,641,010	21,642,520	-4.4
Total	**162,430**	**179,130**	**10.3**	**3,924,529**	**3,972,638**	**1.2**	**294,864,341**	**266,132,921**	**-9.7**

	Number of Recipients[1]			Number of Services			Total Payment		
Coverage Type	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**	**2006**	**2007**	**% Change**
1: Medicare Supplemental									
2: Individual Plan	6	7	16.7	167	158	-5.4	18,893	17,058	-9.7
3: Private Employer Sponsored Fully Self-Ins	122,334	137,239	12.2	3,013,049	3,107,555	3.1	222,071,211	205,559,460	-7.4
4: Private Employer Sponsored Insured	40,090	41,884	4.5	911,313	864,925	-5.1	72,774,237	60,556,403	-16.8
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	**162,430**	**179,130**	**10.3**	**3,924,529**	**3,972,638**	**1.2**	**294,864,341**	**266,132,921**	**-9.7**

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NOTES:

[1] Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

[2] Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
   a. Coverage Type (COVTYPE) is non-Medicare (2-6)
   b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
   a. Delivery System (DELVTYP) is non-HMO (2-4).
   b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

1, All services with Coverage Type 1 or 7.